



City of Leander
Utility Department
200 W. Willis St., P.O. Box 317
Leander, TX 78646-317
Office (512) 259-1142
Fax (512) 259-2665

PAYMENT AGREEMENT

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____ - _____ - _____

TODAY'S DATE: _____ TELEPHONE NUMBER _____

I understand that my **current balance** is \$ _____ and is now due. I agree to pay my payment in full on _____.

Any future bill will not be included in this installment agreement. All future bills must be paid in full on the due date. Any nonpayment of future bills will result in disconnection of service.

I ALSO UNDERSTAND THAT IF THE CITY OF LEANDER DOES NOT RECEIVE MY PAYMENT BY CLOSE OF BUSINESS ON THE SPECIFIED DATE, MY WATER SERVICE WILL BE TERMINATED AND A REINSTATEMENT FEE WILL BE APPLIED TO MY ACCOUNT. THE ENTIRE BALANCE AND APPLIED FEES WILL BE DUE IN ORDER TO REINSTATE SERVICE.

THERE WILL ONLY BE THREE (3) PAY AGREEMENTS PER ACCOUNT PER CALENDAR YEAR.

I hereby agree to the above terms and conditions.

Customer Signature

Driver's License # State